Fill in this info	ormation to identify your	case:		
Debtor 1	Jane M Attoh			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA	
Case number	18-13086			
(if known)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	
		Value o	of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	620,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	30,155.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	650,155.00
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	608,654.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	154,237.54
	Your total liabilities	\$	762,891.54
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,234.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,075.48
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other scl	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a personal	. family, or

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Page 2 of 52 Case number (if known) 18-13086 Debtor 1 Jane M Attoh

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

7,481.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	123,930.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	123,930.00

Fill	in this info	ormation to identify	your case and th		cument	Page 3 o	11 57				
Deb	otor 1	Jane M Atto									
	otor 2 use, if filing)	First Name		Name Name		Last Name Last Name					
Unit	ed States F	Bankruptcy Court for	the: EASTERN	DISTRI	CT OF VIRG	SINIA					
	e number	18-13086								☐ Check if this amended fili	
n ead hink nforr	chedu ch category it fits best. mation. If m ver every qu	orm 106A/B ILE A/B: PI , separately list and d Be as complete and a ore space is needed, a estion. De Each Residence, B	coperty escribe items. List a accurate as possible attach a separate sh	e. If two neet to th	married peop his form. On t	ole are filing toget he top of any add	her, both are itional pages	equally resp	onsible for su	the category where	•
	No. Go to F	Part 2.									
1.1	9042 Ha	rrover Place		What		ty? Check all that ap	ply				
		ss, if available, or other des	cription			nome ulti-unit building m or cooperative		the amount	of any secured	ims or exemptions. I I claims on <i>Schedule</i> Is <i>Secured by Prope</i>	e D:
	Lorton City	VA State	22079-0000 ZIP Code		Manufacture Land Investment p	d or mobile home		Current val		Current value of portion you own?	?
	City	State	ZIF Code		Timeshare Other	st in the property	? Check one	Describe the (such as fe a life estate	ne nature of your simple, tena	our ownership inte	rest
	Fairfay.				Debtor 1 onl	,		Fee simp	ole		
	County				At least one	d Debtor 2 only of the debtors and you wish to add a		(see ins	tructions)	munity property	
2	Add the do	ollar value of the po	ortion vou own fo	r all of v	vour entries	from Part 1. in	cluding anv	entries for		\$620,000.	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

■ No

☐ Yes

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Case number (if known) 18-13086 Document Debtor 1 Jane M Attoh 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$4.000.00 Beds, couches, tables, dressers. 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... TVs, cell phone, stereo system \$1,000,00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No ☐ Yes. Describe..... Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe.....

Official Form 106A/B Schedule A/B: Property

Examples: Dogs, cats, birds, horses

13. Non-farm animals

☐ Yes. Describe.....

■ No

page 2

Page 5 of 52
Case number (if known) 18-13086 Document Debtor 1 Jane M Attoh 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$5,000.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No □ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... Checking **Navy Federal Credit Union** \$150.00 Savings **Navy Federal Credit Union** \$5.00 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Nο ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

Case 18-13086-KHK

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Case number (if known) 18-13086 Document Debtor 1 Jane M Attoh Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement □ No Yes. Give specific information..... Child support arrears \$10,000.00 **Child Support** Child support arrears \$15,000.00 **Child Support** 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information..

Official Form 106A/B Schedule A/B: Property page 4

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33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

33.	Claims against third parties, whether or not you have filed a law Examples: Accidents, employment disputes, insurance claims, or right		and for payment	
_	■ No ☑ Yes. Describe each claim			
34.	Other contingent and unliquidated claims of every nature, inclu	ding counterclaims	of the debtor and rights to	set off claims
	■ No	9		
	☐ Yes. Describe each claim			
_	Any financial assets you did not already list			
	No			
_	☐ Yes. Give specific information			
36.	Add the dollar value of all of your entries from Part 4, includin for Part 4. Write that number here			\$25,155.00
Par	Describe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ite in Part 1.	
37. I	Do you own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Par	16: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46.	Do you own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Par	7: Describe All Property You Own or Have an Interest in That You	Did Not List Above		
53.	Do you have other property of any kind you did not already list?	?		
	Examples: Season tickets, country club membership			
	No			
_	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	at number here		\$0.00
			l	
Par	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$620,000.00
56.	Part 2: Total vehicles, line 5	\$0.00		<u> </u>
57.	Part 3: Total personal and household items, line 15	\$5,000.00		
58.	Part 4: Total financial assets, line 36	\$25,155.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$30,155.00	Copy personal property to	otal \$30,155.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$650,155.00

Official Form 106A/B Schedule A/B: Property page 5

Fill in this infor	mation to identify your	case:		
Debtor 1	Jane M Attoh			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F VIRGINIA	
Case number	18-13086			
(if known)				Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are	you claiming	? Check one only	, even if	your spouse	is filing	g with	you.
----	-----------------------------	--------------	------------------	-----------	-------------	-----------	--------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
9042 Harrover Place Lorton, VA 22079 Fairfax County	\$620,000.00		\$5,000.00	Va. Code Ann. § 34-4	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
Beds, couches, tables, dressers.	\$4,000.00		\$4,000.00	Va. Code Ann. § 34-26(4a)	
Ellie Holli Gonedale Av.B. G.1			100% of fair market value, up to any applicable statutory limit		
TVs, cell phone, stereo system	\$1,000.00		\$500.00	Va. Code Ann. § 34-4	
Line from Genedate AVB.			100% of fair market value, up to any applicable statutory limit		
Child Support: Child support arrears Line from Schedule A/B: 29.1	\$10,000.00		\$10,000.00	Va. Code Ann. § 34-26(10)	
Ellie II oli ochedule 24 B. 23.1			100% of fair market value, up to any applicable statutory limit		
Child Support: Child support arrears Line from Schedule A/B: 29.2	\$15,000.00		\$15,000.00	Va. Code Ann. § 34-26(10)	
LINE HOTH SCHEUUIE PAD. ES.E			100% of fair market value, up to any applicable statutory limit		

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Case number (if known) Document Debtor 1 Jane M Attoh 18-13086 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Case 18-13086-KHK

No

Yes

Doc 10

Desc Main

		aue IV OI	5/		
Fill in this information to identify you	ır case:				
Debtor 1 Jane M Attoh First Name	Middle Name La:	st Name			
Debtor 2					
(Spouse if, filing) First Name	Middle Name Las	st Name			
United States Bankruptcy Court for the	EASTERN DISTRICT OF VIRGINIA	4			
Case number (if known) 18-13086				_	if this is an led filing
Official Forms 400D					
Official Form 106D					
Schedule D: Creditors	s Who Have Claims Se	cured b	y Propert	У	12/15
number (if known). 1. Do any creditors have claims secured b	out, number the entries, and attach it to th	is form. On the	top of any addition	nal pages, write your na	
Yes. Fill in all of the information	below.				
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has for each claim. If more than one creditor has much as possible, list the claims in alphabeti	more than one secured claim, list the creditors a particular claim, list the other creditors in F cal order according to the creditor's name.	separately Part 2. As A	Column A Amount of claim On not deduct the alue of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Lorton Station Community Assoc	Describe the property that secures the c	laim:	\$1,800.00	\$620,000.00	\$0.00
Creditor's Name	9042 Harrover Place Lorton, VA			<u> </u>	
c/o Chadwick	22079 Fairfax County				
Washintgton et al					
3201 Jermantown Road	As of the date you file, the claim is: Check apply.	call that			
Ste 600 Fairfax, VA 22030	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
, , , , , , , , , , , , , , , , , , , ,	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as morto	gage or secured			
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechani	ic's lien)			
☐ At least one of the debtors and another	Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Date debt was incurred	Last 4 digits of account number	6002			
2.2 Orange Lake Country CI	Describe the property that secures the c	laim:	\$17,332.00	Unknown	Unknown
Creditor's Name	Time Shared Loan				
Attn: Bankruptcy					
8505 W Irlo Bronson	As of the date you file, the claim is: Check	l k all that			
Memorial Highway Kissimmee, FL 34747	apply.				
	☐ Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only	An agreement you made (such as morto	gage or secured			
Debtor 2 only	car loan)	, 5			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechani	ic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim relates to a	Other (including a right to offset)				

community debt

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Debtor 1 Jane M At	toh			Case number (if know)	18-13086	
First Name	Middle N	ame Last Name	_			
Date debt was incurred	Opened 05/13 Last Active 7/10/15	Last 4 digits of account num	1ber <u>2638</u>			
2.3 Wells Fargo Ho	ome Mor	Describe the property that secures	the claim:	\$589,522.00	\$620,000.00	\$0.00
Creditor's Name		9042 Harrover Place Lorton 22079 Fairfax County	, VA			•
Attn Bankrupte P.O. Box 1033	5	As of the date you file, the claim is: apply.	Check all that			
Des Moines, IA		Contingent				
Number, Street, City, S	·	☐ Unliquidated ☐ Disputed				
Who owes the debt? C ■ Debtor 1 only □ Debtor 2 only	песк опе.	Nature of lien. Check all that apply. ☐ An agreement you made (such as car loan)	mortgage or se	ecured		
Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the deb	•	☐ Judgment lien from a lawsuit	,			
Check if this claim re community debt	lates to a	Other (including a right to offset)	Deed of Ti	rust		
Date debt was incurred	Opened 07/13 Last Active 4/05/18	Last 4 digits of account num	nber <u>9987</u>			
				4		
	•	Column A on this page. Write that num		\$608,654	.00	
Write that number here		the dollar value totals from all pages		\$608,654	.00	
Part 2: List Others to	o Be Notified fo	or a Debt That You Already Listed	<u> </u>			
trying to collect from you	u for a debt you o	e notified about your bankruptcy for owe to someone else, list the creditor t you listed in Part 1, list the addition is page.	in Part 1, and	then list the collection age	ency here. Similarly, if you	have more
Name, Number, St BWW Law Gro 6003 Executiv Suite 101	oup, LLC	Zip Code		nich line in Part 1 did you ent		
Rockville, MD	20852					

		Document	Page 1	2 of 52	
Fill in this info	ormation to identify your case:	:			
Debtor 1	Jane M Attoh				
300101 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the: EA	STERN DISTRICT OF VIR	GINIA		
Case number	18-13086			<u>_</u>	
(if known)					
					amended filing
Official Fo	rm 106E/F				
	E/F: Creditors Who	Have Unsecured	Claims		12/15
				Part 2 for creditors with NONPRIORITY	
chedule D: Cre eft. Attach the C	ditors Who Have Claims Secured I	by Property. If more space is	needed, copy	any creditors with partially secured clai the Part you need, fill it out, number the do not file that Part. On the top of any a	entries in the boxes on the
Part 1: List	All of Your PRIORITY Unsecu	red Claims			
Do any cree	ditors have priority unsecured clai	ms against you?			
No. Go t	o Part 2.				
☐ Yes.					
Part 2: List	All of Your NONPRIORITY Un	secured Claims			
B. Do any cree	ditors have nonpriority unsecured	claims against you?			
□ No. You	have nothing to report in this part. Su	ubmit this form to the court with	vour other sch	edules.	
	,		,		
Yes.					
unsecured of	claim, list the creditor separately for e	ach claim. For each claim listed	d, identify what	o holds each claim. If a creditor has more type of claim it is. Do not list claims already a three nonpriority unsecured claims fill out	/ included in Part 1. If more
					Total claim
4.1 Amer	rican Collections Enterprise	e Inc Last 4 digits of acc	count number	0328	\$52.00
	ority Creditor's Name	East 4 digits of act	South Humber	0320	
Attn:	Bankruptcy	When was the deb	t incurred?	Opened 08/17	
	ox 30096				
	andria, VA 22310 or Street City State Zlp Code	As of the date you	file the claim	is: Check all that apply	
	curred the debt? Check one.	As of the date you	me, me ciaim	13. Oneok all that apply	
■ Det	otor 1 only	☐ Contingent			
	otor 2 only				
	•	☐ Unliquidated			
	otor 1 and Debtor 2 only	☐ Disputed Type of NONPRIOR	PITV unsacura	d claim:	
	east one of the debtors and another	— • • • • •	VIII ulisecule	u ciaiii.	
∐ Che debt	eck if this claim is for a community	у	na out of a sec	aration agreement or divorce that you did n	ot
	claim subject to offset?	report as priority cla		aration agreement of divorce that you did n	Ui.
■ No		☐ Debts to pension	n or profit-sharir	ng plans, and other similar debts	
.10		·	Collection	Attorney Association Of	
☐ Yes	•	Other. Specify	Alevandria	Radi	

Debtor 1 Jane M Attoh

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Case number (if know) 18-13086

4.2	Apple Fcu	Last 4 digits of account number	0001	\$1,179.00
	Nonpriority Creditor's Name 4029 Ridgetop Rd Fairfax, VA 22030	When was the debt incurred?	Opened 06/13 Last Active 3/22/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	Label a	
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Unsecured		
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	8520	\$1,714.00
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 04/02 Last Active 3/13/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other Specify Credit Card		
4.4	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	0816	\$4,622.00
	Correspondence Dept Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 06/13 Last Active 3/18/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	·	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card	I	

Debte	or 1 Jane M Attoh	Document Page 1	4 of 52 Case number (if know) 18-13086	
4.5	Granitech c/o Hart & Horan PC	Last 4 digits of account number	5020	\$8,768.54
	Nonpriority Creditor's Name 10505 Judicial Drive Suite 207 Fairfax, VA 22030	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify		
4.6	Midland Funding	Last 4 digits of account number	3382	\$4,803.00
	Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred?	Opened 11/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□Yes	■ Other. Specify Bank	Company Account Synchrony	
4.7	Midland Funding Nonpriority Creditor's Name	Last 4 digits of account number	2269	\$764.00
	2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred?	Opened 09/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		

Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims debt Is the claim subject to offset? $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Synchrony** Other. Specify Bank ☐ Yes

Page 15 of 52 Case number (if know) Debtor 1 Jane M Attoh 18-13086 4.8 \$222.00 **Natiowide Recovery Service** Last 4 digits of account number 6254 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 07/17** Po Box 8005 Cleveland, TN 37320 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other Specify Collection Attorney Napa Virginia ☐ Yes Navient 4.9 Last 4 digits of account number 0915 \$37,512.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 09/06 Last Active Po Box 9000 When was the debt incurred? 9/15/14 Wiles-Barr, PA 18773 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other, Specify Educational 4.1 Navient 0324 \$2,141.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 03/04 Last Active Attn: Bankruptcy Po Box 9000 When was the debt incurred? 9/15/14 Wiles-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Educational

Page 16 of 52 Case number (if know) Document Debtor 1 Jane M Attoh 18-13086 4.1 Nordstrom FSB 2447 \$680.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 07/14 Last Active Po Box 6555 When was the debt incurred? 3/05/15 Englewood, CO 80155 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other, Specify Credit Card 4.1 Portfolio Recovery 7943 \$3,009.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 41021 When was the debt incurred? **Opened 11/16** Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Synchrony** ☐ Yes Other. Specify Bank 4.1 Portfolio Recovery 8525 \$831.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 41021 When was the debt incurred? **Opened 06/16** Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No

☐ Yes

 $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not

■ Other. Specify Factoring Company Account Citibank N.A.

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Page 17 of 52 Case number (if know) Debtor 1 Jane M Attoh 18-13086 4.1 **Tidewater Finance Co** 6193 \$2,397.00 Last 4 digits of account number 4 Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/13 Last Active 6520 Indian River Rd When was the debt incurred? 3/19/15 Virginia Beach, VA 23464 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Installment Sales Contract 4.1 U.S. Department of Education 2830 \$28,749.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Ecmc/Bankruptcy Opened 08/12 Last Active When was the debt incurred? Po Box 16408 5/05/17 Saint Paul, MN 55116 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Educational 4.1 \$14.163.00 U.S. Department of Education 2847 Last 4 digits of account number Nonpriority Creditor's Name Ecmc/Bankruptcy Opened 02/12 Last Active Po Box 16408 When was the debt incurred? 5/05/17 Saint Paul, MN 55116 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

Official Form 106 E/F

☐ Yes

Educational

☐ Other. Specify

Debtor 1 Jane M Attoh

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Case number (if know) 18-13086

4.1 7	U.S. Department of Education	Last 4 digits of account number	2839	\$12,886.00
	Nonpriority Creditor's Name Ecmc/Bankruptcy Po Box 16408	When was the debt incurred?	Opened 09/13 Last Active 5/05/17	
	Saint Paul, MN 55116 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Student loansObligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin☐ Other. Specify	g plans, and other similar debts	
		Educationa	1	
4.1 8	U.S. Department of Education	Last 4 digits of account number	3158	\$10,784.00
	Nonpriority Creditor's Name Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116	When was the debt incurred?	Opened 10/10 Last Active 5/05/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Student loansObligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	■ No □ Yes	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	☐ Other. Specify		
		Luucationa		
4.1 9	U.S. Department of Education Nonpriority Creditor's Name	Last 4 digits of account number	2858	\$10,511.00
	Ecmc/Bankruptcy Po Box 16408 Saint Paul. MN 55116	When was the debt incurred?	Opened 10/10 Last Active 5/05/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim.	
	☐ At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify	.1	
		Educationa	li .	

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DCDIO	Jane IVI A	ALLOH .	-	Oasc	10-13080	
٠ ١	_	tment of Education	Last 4 digits of account number	2823	3	\$7,184.00
	Nonpriority Cre Ecmc/Bank Po Box 164 Saint Paul,	kruptcy 108	When was the debt incurred?	Ope 5/05	ned 02/12 Last Active /17	-
_	Number Street	City State ZIp Code	As of the date you file, the clain	n is: Chec	ck all that apply	
	_	the debt? Check one.	☐ Contingent			
	Debtor 1 on	•	☐ Unliquidated			
	Debtor 2 on		☐ Disputed			
	_	nd Debtor 2 only	Type of NONPRIORITY unsecur	ed claim:	:	
		e of the debtors and another	Student loans			
	debt	is claim is for a community	_	paration a	greement or divorce that you did not	
	■ No	,	Debts to pension or profit-shar	ing plans	and other similar debts	
	□ Yes		☐ Other. Specify	g pia.io	, and other cirmar docto	
	□ res		Education	nal		-
			Laucation	iai		
		Store National	Last Adiaba of account number	9420	1	\$1,266.00
	Bank/Macy Nonpriority Cre		Last 4 digits of account number	3720	<u>, </u>	Ψ1,200.00
	Attn: Bankı	ruptcy			ned 03/13 Last Active	
	Po Box 805		When was the debt incurred?	4/30	/15	=
	Mason, OH Number Street	City State Zlp Code	As of the date you file, the clain	n is: Chec	ck all that apply	
		the debt? Check one.	• ,		11.7	
	Debtor 1 on	ıly	☐ Contingent			
	Debtor 2 on	ıly	☐ Unliquidated			
	Debtor 1 an	nd Debtor 2 only	☐ Disputed			
	☐ At least one	e of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	:	
	☐ Check if th	is claim is for a community	☐ Student loans			
	debt Is the claim su	ubject to offset?	☐ Obligations arising out of a sereport as priority claims	paration a	greement or divorce that you did not	
	No		Debts to pension or profit-shar	ing plans	, and other similar debts	
	☐ Yes		Other. Specify Charge A	ccount		=
Part 3:	I ist Other	s to Be Notified About a Deb	That You Already Listed			
			out your bankruptcy, for a debt that	vou alro	adv listed in Parts 1 or 2. For exam	alo if a collection agency
is tryin have m	ng to collect from	om you for a debt you owe to son	neone else, list the original creditor you listed in Parts 1 or 2, list the ad	in Parts 1	1 or 2, then list the collection agend	y here. Similarly, if you
	d Address		on which entry in Part 1 or Part 2 did yo		_	
	Heindel aragon Plac				: Creditors with Priority Unsecured Cla	
Suite 4	_			Part 2:	: Creditors with Nonpriority Unsecured	Claims
Richm	ond, VA 232					
		L	ast 4 digits of account number			
Part 4:	Add the A	mounts for Each Type of Uns	secured Claim			
6. Total t		certain types of unsecured clain	ns. This information is for statistical	reporting	g purposes only. 28 U.S.C. §159. Ac	d the amounts for each
					Total Claim	
	6a.	Domestic support obligations		6a.	\$	
	otal ims					
from Pa		Taxes and certain other debts	you owe the government	6b.	\$	<u> </u>
	6c.		njury while you were intoxicated	6c.	\$ 0.00	_
	6d.	oner. And all other priority unse	cured claims. Write that amount here.	6d.	\$ 0.00	

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Case number (if know) 18-13086

Debtor 1 Jane M Attoh 18-13086 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f. Student loans 6f. 123,930.00 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 you did not report as priority claims 6g. Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 30,307.54 Total Nonpriority. Add lines 6f through 6i. 6j. 154,237.54

		1212111		
Fill in this info	ormation to identify your	case:		
Debtor 1	Jane M Attoh			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Sankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	18-13086			
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the r, Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Otate	Zii Code	
2.0	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	City		Oldio	211 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

		Docume	nt Page 22 d	of 52	
Fill in this	information to identify your	case:			
Debtor 1	Jane M Attoh				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fili	ng) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA		
Case num	ber 18-13086				
(if known)	10-13000			☐ Check if this is	an
				amended filing	
				·	
Officia	I Form 106H				
Sched	lule H: Your Cod	lebtors			12/15
	and case number (if known you have any codebtors? (If			as a codebtor.	
■ Na					
■ No □ Yes					
L TE	5				
				y? (Community property states and territories inclu	ude
Arizor	na, California, Idaho, Louisiana	a, Nevada, New Mexico, Pu	епо кісо, Texas, vvasn	ngton, and wisconsin.)	
■ No.	. Go to line 3.				
☐ Yes	s. Did your spouse, former spo	ouse, or legal equivalent live	with you at the time?		
in line Form	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	if your spouse is filing with you. List the perso sure you have listed the creditor on Schedule D 16G). Use Schedule D, Schedule E/F, or Schedul	D (Official
	Column 1: Your codebtor			Column 2: The creditor to whom you owe t	he debt
	Name, Number, Street, City, State and Z	ZIP Code		Check all schedules that apply:	
3.1				☐ Schedule D, line	
0.1	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street				
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
5.2	Name				
				☐ Schedule E/F, line	
-	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to i	dentify your c	ase:								
Del	btor 1	Jane M Atto	h			_					
	btor 2					_					
Uni	ited States Bankruptcy	Court for the	: EASTERN DISTRICT	OF VIRGINIA							
Cas	se number 18-13	3086					Check	k if this is:	:		
(If kr	nown)			-			☐ Ar	n amende	ed filing		
										ng postpetition ollowing date:	
<u>O</u>	fficial Form 1	<u>061</u>					\overline{M}	M / DD/ Y	YYYY		
S	chedule I: Y	our Inc	ome								12/1
	<u> </u>	Employment	On the top of any additi	Debtor 1	our naifit	ant	a case ilu	•		iling spouse	questiol
				■ Employed				☐ Emple		3 17 1 11 1	
a iı	attach a separate pa information about ac	If you have more than one job, attach a separate page with information about additional		☐ Not employed					mployed		
	employers.		Occupation								
	Include part-time, se self-employed work.		Employer's name	One World Trac	de Cent	er					
	Occupation may inc or homemaker, if it a		Employer's address	285 Fulton St. New York, NY 1	0007						
			How long employed t	here? 4 mont	ths			_			
Pai	rt 2: Give Detai	ls About Mor	nthly Income								
	imate monthly incom use unless you are se		ate you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space. In	clude your no	n-filing
	ou or your non-filing sp e space, attach a sepa		ore than one employer, co	ombine the information	on for all	empl	oyers for t	that perso	on on the li	ines below. If	you need
							For Deb	tor 1		btor 2 or ing spouse	
2.			ry, and commissions (b calculate what the month		2.	\$	4,	234.00	\$	N/A	-
3.	Estimate and list m	nonthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	- 1
4.	Calculate gross Inc	come. Add lir	ne 2 + line 3.		4.	\$	4,23	34.00	\$	N/A	

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Debto	or 1	Jane M Attoh		Case r	number (if known)	18-1	3086		
				For	Debtor 1		Debtor n-filing s		
	Cop	y line 4 here	4.	\$	4,234.00	\$		N/A	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,200.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$_		N/A	_
	5e.	Insurance	5e.	\$	0.00	\$		N/A	-
	5f.	Domestic support obligations	5f.	\$	0.00	\$_		N/A	_
	5g.	Union dues	5g.	\$	0.00	\$		N/A	<u> </u>
	5h.	Other deductions. Specify:	_ 5h.+	- \$	0.00	+ \$_		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,200.00	\$		N/A	<u>-</u>
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,034.00	\$_		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	3,400.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	800.00	\$_		N/A	_
	8d.	Unemployment compensation	8d.	\$	0.00	\$_		N/A	_
	8e.	Social Security	8e.	\$	0.00	\$_		N/A	<u>-</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$_		N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$_		N/A	_
	8h.	Other monthly income. Specify:	8h.+	+ \$	0.00	+ \$_		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,200.00	\$_		N/	A
10	Calc	culate monthly income. Add line 7 + line 9.	10. \$	7	,234.00 + \$		N/A	= \$	7,234.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		'	, <u>,234.00</u> . ¢		14/4	$ ^{ lack} -$	1,204.00
11.	State Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depen	-	•	•	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies					. 12.	\$	7,234.00
								Combi	
13.	Do y	you expect an increase or decrease within the year after you file this form?	?					month	ly income
		No.							
	П	Yes. Explain:							

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Fill in this	s information to identify ye	our case:					
Debtor 1	Jane M Atto				Check	t if this is:	
Dahtaro	<u> </u>	·•				An amended filing	ota a caractera (10) a caractera
Debtor 2 (Spouse,	if filing)						ving postpetition chapter the following date:
United Sta	ates Bankruptcy Court for the	: EASTERI	N DISTRICT OF VIRGIN	IA		MM / DD / YYYY	
Case num (If known)							
Offici	al Form 106J						
Sche	edule J: Your	Expens	ses				12/1
informat	omplete and accurate as tion. If more space is ne (if known). Answer eve	eded, attacl	h another sheet to this t				
Part 1:	Describe Your House	hold					
_	his a joint case?						
	No. Go to line 2. Yes. Does Debtor 2 live	in a separat	e household?				
	☐ No ☐ Yes. Debtor 2 mu	st file Official	Form 106J-2, Expenses	for Separate House	ehold of Debto	or 2.	
2. Do	you have dependents?	■ No					
	not list Debtor 1 and otor 2.	— 103.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	not state the						□ No
dep	endents names.						☐ Yes ☐ No
							Yes
							□ No □ Yes
							□ No
0 D -							☐ Yes
exp	your expenses include enses of people other t						
you	irself and your depende	nts?	es				
		our bankrup	otcy filing date unless y				pter 13 case to report f the form and fill in the
the valu	expenses paid for with e of such assistance an Form 106l.)	non-cash go d have inclu	overnment assistance it uded it on <i>Schedule I:</i> Y	you know our Income		Your exp	enses
•	rental or home owners	hip expense	es for vour residence. In	nclude first mortgage	e .		
	ments and any rent for th			Tolddo mot mortgag	4. \$		700.00
lf n	ot included in line 4:						
4a.	Real estate taxes				4a. \$		0.00
4b. 4c.	Property, homeowner's Home maintenance, re				4b. \$ 4c. \$		0.00
4d.	Homeowner's associa				4d. \$		0.00
5. Add	ditional mortgage paym	ents for you	r residence, such as hor	me equity loans	5. \$	-	0.00

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	Jane M Attoh	Case num	ber (if known)	18-13086
6. Utili t	ijes:			
6a.	Electricity, heat, natural gas	6a.	\$	0.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	275.00
6d.	Other. Specify:	6d.	·	0.00
	d and housekeeping supplies	— 7.	\$	350.00
	dcare and children's education costs	8.	\$	0.00
	hing, laundry, and dry cleaning	9.	\$	0.00
	onal care products and services	10.	\$	
	ical and dental expenses	11.	·	100.00
	sportation. Include gas, maintenance, bus or train fare.	11.	Φ	0.00
	ot include car payments.	12.	\$	200.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
	ritable contributions and religious donations	14.	·	0.00
5. Insu	•	17.	Ψ	0.00
	ot include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	·	125.00
	Other insurance. Specify:	15d.	·	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
Spec		16.	\$	0.00
	allment or lease payments:		-	0.00
	Car payments for Vehicle 1	17a.	\$	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:	17c.	*	0.00
	Other. Specify:	17d.	·	0.00
	r payments of alimony, maintenance, and support that you did not report as		Ψ	0.00
	acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec		19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scho	edule I: Yo	our Income.	
	Mortgages on other property	20a.		4,185.48
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	40.00
	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.	·	100.00
	ar: Specify:	21.	·	0.00
Jule	a. Specily.		.Ψ	0.00
2. Calc	ulate your monthly expenses			
22a.	Add lines 4 through 21.		\$	6,075.48
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	Add line 22a and 22b. The result is your monthly expenses.		\$	6,075.48
			· —	0,010170
	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		7,234.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	6,075.48
23c.	Subtract your monthly expenses from your monthly income.	00.5	œ.	1,158.52
	The result is your monthly net income.	23c.	\$	1,100.02
)4 Da	and a whole the increase of decrease in the contract of the state of the contract of the contr	file 41. '-	farm?	
	ou expect an increase or decrease in your expenses within the year after you			ease or decrease because of a
For e	xample, do you expect to finish paying for your car loan within the year or do you expect you			ease or decrease because of a
For e	xample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage?			ease or decrease because of a

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Fill in this is	nformation to identify your	•					
		case.					
Debtor 1	Jane M Attoh First Name	Middle Name	Lac	t Name			
Debtor 2	riistivallie	wilddie Name	Las	rname			
(Spouse if, filing)	First Name	Middle Name	Las	t Name			
United State	s Bankruptcy Court for the:	EASTERN DISTRICT O	OF VIRGINIA				
Case numbe	er _18-13086						
(if known)						Check if this is an amended filing	
You must file obtaining mo years, or bot	oney or property by fraud in th. 18 U.S.C. §§ 152, 1341, 1	le bankruptcy schedule	s or amende	ed schedules. M	laking a false state	ment, concealing property, o 0, or imprisonment for up to :	
	Sign Below						
Did you	u pay or agree to pay some	one who is NOT an atto	rney to help	you fill out ban	kruptcy forms?		
_ Y€	es. Name of person					ruptcy Petition Preparer's Notic and Signature (Official Form 1	
	enalty of perjury, I declare y are true and correct.	that I have read the sum	nmary and s	chedules filed v	with this declaratio	n and	
X /s/	Jane M Attoh		х				
Jar	ne M Attoh nature of Debtor 1			Signature of De	ebtor 2		
Date	e September 25, 2018			Date			

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Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property)							
Debtor 2 Secure At Blingt	Fill	in this info	rmation to identify you	r case:			
Debtor 2 Severe It. Birry Frist Name Mode Name Last Name	Del	btor 1		Middle Name	Last Name		
United States Bankruptcy Court for the: Case number 18-13086 Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Form 11: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married No Types. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there 3. Within the last 8 years, did you ever live with a spouse or tegal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevade, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Petr 2 Explain the Sources of Your Income 1. No Yes. Fill in the dotal amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together. list it only once under Debtor 1. No Yes. Fill in the dotals. Debtor 1 Sources of Income Check all that apply. Gefore deductions and exclusions) Mages, commissions, bonuses, tips	Del	btor 2	i iist ivailie	Wilde Name	Lastivallie		
Case number 18-13086 Check if this is an amended filling Check if this is an amended filling	(Spo	ouse if, filing)	First Name	Middle Name	Last Name		
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lived there			, ,	ŕ	·		Dates Debtor 2
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No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips \$74,886.00	3.						
Tyes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips \$74,886.00 Wages, commissions, bonuses, tips	stat	es and territo	ories include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	co, Texas, Washington and W	/isconsin.)
Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips \$74,886.00 Wages, commissions, bonuses, tips		■ No					
4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips \$74,886.00 Wages, commissions, bonuses, tips		☐ Yes. N	Make sure you fill out Sch	nedule H: Your Codebtors (O	fficial Form 106H).		
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips The date you filed for bankruptcy: Wages, commissions, bonuses, tips	Pa	rt 2 Expl	ain the Sources of You	r Income			
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips The date you filed for bankruptcy: Wages, commissions, bonuses, tips	4	Did you be	wa any inaoma framan	anlayment or from anarotic	na a huainaga durina thia w	oor or the two provious cales	ador vooro?
□ No ■ Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$74,886.00 □ Wages, commissions, bonuses, tips \$74,886.00 □ Wages, commissions, bonuses, tips	•.	Fill in the to	otal amount of income yo	u received from all jobs and	all businesses, including part-	time activities.	iuai yeais:
Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$74,886.00 Wages, commissions, bonuses, tips		If you are fi	ling a joint case and you	have income that you receiv	e together, list it only once ur	der Debtor 1.	
Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) The wages, commissions, bonuses, tips Sources of income (before deductions and exclusions) Sources of income (before deductions and exclusions)		□ No					
Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$74,886.00		Yes. F	ill in the details.				
Check all that apply. Check all that apply. (before deductions and exclusions) Check all that apply. Check all that apply. (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips \$74,886.00 Umages, commissions, bonuses, tips				Debtor 1		Debtor 2	
the date you filed for bankruptcy: wages, commissions, bonuses, tips bonuses, tips					(before deductions and		(before deductions
				_	\$74,886.00	=	
				• •		☐ Operating a business	

Official Form 107

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Case number (# known) 18-13086

Debtor 1 Jane M Attoh

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of incor Check all that app		Gross income (before deductions and exclusions)
	r last caler anuary 1 to	ndar year: December	31, 2017)	■ Wages, commissions, bonuses, tips	\$126,456.00	☐ Wages, comm bonuses, tips	issions,	
				☐ Operating a business		☐ Operating a but	ısiness	
		dar year be December		☐ Wages, commissions, bonuses, tips	\$91,471.00	☐ Wages, comm bonuses, tips	issions,	
				Operating a business		☐ Operating a but	usiness	
	and other winnings. List each	public bene If you are fil	fit payments; ing a joint cas the gross inco	er that income is taxable. Exa pensions; rental income; inter ie and you have income that y ome from each source separat	est; dividends; money collect ou received together, list it o	ted from lawsuits; ro nly once under Deb	yalties; and tor 1.	
				Dalifar 4		D-1-10		
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of incor Describe below.	ne	Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for I	Bankruptcy			
6.	Are eithe ☐ No.	Neither De individual p	ebtor 1 nor E primarily for a 90 days befo Go to line 7 List below e paid that cr	es debts primarily consumer lebtor 2 has primarily consumer personal, family, or household re you filed for bankruptcy, die ach creditor to whom you paid editor. Do not include payment payments to an attorney for the	imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more ints for domestic support oblig	of \$6,425* or more	? nents and th	ne total amount you
		* Subject		on 4/01/19 and every 3 years		or after the date of a	adjustment.	
	■ Yes.			r both have primarily consure you filed for bankruptcy, die		of \$600 or more?		
		■ No.	Go to line 7					
		□ _{Yes}	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.				
	Creditor	's Name and	d Address	Dates of payme	nt Total amount	Amount you	Was this p	payment for

Official Form 107

Case 18-13086-KHK Doc 10 Filed 09/25/18 Entered 09/25/18 13:16:57 Desc Main Page 30 of 52
Case number (if known) 18-13086 Document Debtor 1 Jane M Attoh Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment paid still owe Include creditor's name Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number **Lorton Station Community Associa** Collection Fairfax GDC Pending vs JANE ATTOH P.O. Box 10157 ☐ On appeal GV17016002-01 Fairfax, VA 22038 □ Concluded **Granitech Inc vs JANE ATTOH Fairfax GDC** Civil □ Pending GV15004860-00 P.O. Box 10157 □ On appeal Fairfax, VA 22038 Concluded -3,396.00 Collection **Fairfax GDC** Midland Funding LLC v. Jane Attoh □ Pending GV17-256878 P.O. Box 10157 □ On appeal Fairfax, VA 22038 Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address Describe the Property Date Value of the property Explain what happened

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Case number (if known) 18-13086 Document Debtor 1 Jane M Attoh 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You **Attorney Fees** 8/31/18 \$3,000.00 AP Law Group, PLC 7777 Leesburg Pike Suite 402N

Falls Church, VA 22043 ap@aplawg.com

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Debtor 1 Jane M Attoh

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.						
	■ No □ Yes, Fill in the details						
		5					
	Person Who Was Paid Address	Description and vatransferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankruptcy, d transferred in the ordinary course of your busing	ess or financial affa	irs?				
	Include both outright transfers and transfers made a include gifts and transfers that you have already list No		ne granting of a se	ecurity interest	or mortgage on your p	oroperty). Do not	
	Yes. Fill in the details.						
	Person Who Received Transfer Address	property transferred payme			ny property or received or debts	Date transfer was made	
	Person's relationship to you				9-		
19.	Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protection) No		property to a s	elf-settled tru	st or similar device o	f which you are a	
	Yes. Fill in the details.						
	Name of trust	Description and va	alue of the prope	erty transferre	ed	Date Transfer was made	
Par	8: List of Certain Financial Accounts, Instrum	nents, Safe Deposit	Boxes, and Stor	rage Units			
20.	Within 1 year before you filed for bankruptcy, we sold, moved, or transferred? Include checking, savings, money market, or oth houses, pension funds, cooperatives, association	ner financial accoun	ts; certificates o	of deposit; sha		, ,	
	Yes. Fill in the details.						
		st 4 digits of count number	Type of accountinstrument	clos	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for	bankruptcy, any	safe deposit	box or other deposit	ory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acco Address (Number, St State and ZIP Code)		Describe the c	contents	Do you still have it?	
22.	Have you stored property in a storage unit or pla	ace other than your	home within 1 y	ear before yo	u filed for bankruptcy	/?	
	■ No						
	Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St		Describe the c	contents	Do you still have it?	
		State and ZIP Code)					

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Par	art 9: Identify Property You Hold or Con	ntrol for Someone Else						
23.	Do you hold or control any property that for someone.	at someone else owns? Include any prop	erty you l	borrowed from, are storing fo	r, or hold in trust			
	■ No							
	☐ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Coo	Where is the property? (Number, Street, City, State and ZIP Code)	Descr	ibe the property	Value			
Par	art 10: Give Details About Environmenta	Il Information						
For	r the purpose of Part 10, the following def	finitions apply:						
	- · · · · · · · · · · · · · · · · · · ·	state, or local statute or regulation conce nto the air, land, soil, surface water, grou hese substances, wastes, or material.						
	Site means any location, facility, or prop to own, operate, or utilize it, including d	perty as defined under any environmenta disposal sites.	ıl law, wh	ether you now own, operate,	or utilize it or used			
	Hazardous material means anything an hazardous material, pollutant, contamin	environmental law defines as a hazardo nant, or similar term.	us waste,	, hazardous substance, toxic	substance,			
Rep	port all notices, releases, and proceeding	s that you know about, regardless of wh	en they o	occurred.				
24.	Has any governmental unit notified you	ı that you may be liable or potentially liab	le under	or in violation of an environm	ental law?			
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Coo	de) Governmental unit Address (Number, Street, City, State : ZIP Code)		nvironmental law, if you now it	Date of notice			
25.	Have you notified any governmental un	it of any release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Coo	Governmental unit Address (Number, Street, City, State 2 ZIP Code)		nvironmental law, if you now it	Date of notice			
26.	Have you been a party in any judicial or	r administrative proceeding under any en	vironmer	ntal law? Include settlements	and orders.			
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature	e of the case	Status of the case			
Par	art 11: Give Details About Your Business	s or Connections to Any Business						
27.	Within 4 years before you filed for bank	cruptcy, did you own a business or have	any of the	e following connections to an	y business?			
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	□ A partner in a partnership							
		a executive of a corporation						
	☐ An officer, director, or managing		-					
	An owner of at least 5% of the v	oting or equity securities of a corporatio	n					

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Case number (if known) 18-13086 Document Debtor 1 Jane M Attoh No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jane M Attoh Signature of Debtor 2 Jane M Attoh

Date September 25, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? __. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ☐ Yes. Name of Person

Signature of Debtor 1

Case 18-13086-KHK Doc 10 Filed 09/25/18 Entered 09/25/18 13:16:57 Desc Main Document Page 35 of 52 United States Bankruptcy Court

Eastern District of Virginia

In re	Jane M Attoh	Case No.	18-13086
	Debtor(s)	Chapter	13

	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and t compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with bankruptcy case is as follows:	
	For legal services, I have agreed to accept \$ 5,000.00	
	Prior to the filing of this statement I have received \$ 3,000.00	
	Balance Due \$ 2,000.00	
2.	The source of the compensation paid to me was:	
	■ Debtor □ Other (specify)	
3.	The source of compensation to be paid to me is:	
	■ Debtor □ Other (specify)	
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law fire	m
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.	
5.	 In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Other provisions as needed: Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. 	
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following services: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions of any other adversary proceeding.	or

Case 18-13086-KHK Doc 10 Filed 09/25/18 Entered 09/25/18 13:16:57 Desc Main Document Page 36 of 52 CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 25, 2018	/s/ Ashvin Pandurangi
Date	Ashvin Pandurangi 86966
	Signature of Attorney
	AP Law Group, PLC
	Name of Law Firm

7777 Leesburg Pike Suite 402N Falls Church, VA 22043 5719696540 Fax: 5716990518

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,223 (For all Cases Filed on or after 01/01/2018)

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail)

September 25, 2018	/s/ Ashvin Pandurangi
Date	Ashvin Pandurangi 86966
	Signature of Attorney

Fill in this inform	nation to identify your case:
Debtor 1	Jane M Attoh
Debtor 2 (Spouse, if filing)	
United States B	Bankruptcy Court for the: Eastern District of Virginia
Case number (if known)	18-13086

Check as direc	Check as directed in lines 17 and 21:						
According to the calculations required by this Statement:							
·	osable income is not determined under .S.C. § 1325(b)(3).						
	osable income is determined under 11 C. § 1325(b)(3).						
☐ 3. The	commitment period is 3 years.						
■ 4. The	commitment period is 5 years.						
☐ Check if	this is an amended filing						

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

	Part	1: Calculate Your Average Monthly Income						
	1.	What is your marital and filing status? Check one of	only.					
		■ Not married. Fill out Column A, lines 2-11.						
		☐ Married. Fill out both Columns A and B, lines 2-11						
	10 th	Il in the average monthly income that you received from a 11(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the tot ouses own the same rental property, put the income from that	month poal by 6. F	eriod would fill in the re	l be March 1 throusult. Do not includ	ugh August 31. If the a de any income amour	amount of your monthly incor at more than once. For examp	ne varied during ble, if both
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and c	ommissio	ons (before all	\$ 7,481.00	D \$	
	3.	Alimony and maintenance payments. Do not includ Column B is filled in.	e paym	ents from	a spouse if	\$	D \$	
	4.	All amounts from any source which are regularly popular of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Do not include payments from a spot you listed on line 3.	rt. Included	de regular depende	r contributions nts, parents,	\$0.00	D \$	
	5.	Net income from operating a business, profession, or farm	Debto	r 1				
l		Gross receipts (before all deductions)	\$_	0.00				
l		Ordinary and necessary operating expenses	- \$	0.00				
l		Net monthly income from a business, profession, or fa	arm \$_	0.00	Copy here ->	\$ 0.00	<u> </u>	
	6.	Net income from rental and other real property	Debto					
		Gross receipts (before all deductions)	\$_	0.00				
		Ordinary and necessary operating expenses	- \$ _	0.00				
1		Not monthly income from rental or other real property	•	0.00	Copy here ->	\$ 0.00) \$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debtor 1	Jane M Attoh	_	Case number	(if known)	18-13086	5	
			Column A Debtor 1		Column B Debtor 2 onon-filing	or	
7. In	nterest, dividends, and royalties		\$	0.00	\$		
8. U	nemployment compensation		\$	0.00	\$		
De th	o not enter the amount if you contend that the amount received was a bene se Social Security Act. Instead, list it here:		r				
		0.00					
9. P	For your spouse \$\$ ension or retirement income. Do not include any amount received that w	as a					
	enefit under the Social Security Act.		\$	0.00	\$		-
De re de	ncome from all other sources not listed above. Specify the source and a continct on one include any benefits received under the Social Security Act or payme exceived as a victim of a war crime, a crime against humanity, or international comestic terrorism. If necessary, list other sources on a separate page and patal below.	ents al or	\$	0.00	\$		
			\$	0.00	\$		-
	Total amounts from separate pages, if any.	+	\$	0.00	\$		
	alculate your total average monthly income. Add lines 2 through 10 for ach column. Then add the total for Column A to the total for Column B.	\$	7,481.00	+ \$ _		= \$_	7,481.00
12. C c	opy your total average monthly income from line 11. alculate the marital adjustment. Check one:					\$	7,481.00
	You are not married. Fill in 0 below.						
	You are married and your spouse is filing with you. Fill in 0 below.						
	You are married and your spouse is not filing with you.						
	Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse	OT regula e's suppo	arly paid for th ort of someone	e househ other tha	old expense an you or you	s of you our depend	or your dents.
	Below, specify the basis for excluding this income and the amount of in adjustments on a separate page.	come de	voted to each	purpose	If necessary	y, list add	itional
	If this adjustment does not apply, enter 0 below.						
		_ \$		_			
		-		_			
		_ +		_			
	Total	\$	0.00	Co	py here=>		0.00
14. Y	Your current monthly income. Subtract line 13 from line 12.			<u>_</u>		\$	7,481.00
15. (Calculate your current monthly income for the year. Follow these steps	s:					
1	15a. Copy line 14 here=>					\$	7,481.00
	Multiply line 15a by 12 (the number of months in a year).					X	12
1	15b. The result is your current monthly income for the year for this part of	the form				\$	89,772.00

Debtor 1

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Debt	or 1	Jane M Attoh		Case number (if known)	18-13086	
16	. Cal	culate the median family income that applies to	ou. Follow these ster	os:		
	16a	Fill in the state in which you live.	VA			
	16b	Fill in the number of people in your household.	3			
	16c	Fill in the median family income for your state and To find a list of applicable median income amounts instructions for this form. This list may also be ava	s, go online using the		\$ _	87,009.00
17	. Hov	v do the lines compare?				
	17a	Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N				
	17b	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	ulation of Your Dispo			
Par	t 3:	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Cop	y your total average monthly income from line 1	1.		\$	7,481.00
19.	con	uct the marital adjustment if it applies. If you are tend that calculating the commitment period under 1 use's income, copy the amount from line 13.	married, your spouse 1 U.S.C. § 1325(b)(4)	e is not filing with you, and you allows you to deduct part of yo	ur	
		. If the marital adjustment does not apply, fill in 0 on	line 19a.		- \$	0.00
	19b	Subtract line 19a from line 18.			\$	7,481.00
20.	Cal	culate your current monthly income for the year.	Follow these steps:			
	20a	Copy line 19b			\$_	7,481.00
		Multiply by 12 (the number of months in a year).				C 12
	20b	. The result is your current monthly income for the y	ear for this part of the	form	\$_	89,772.00
	20c	Copy the median family income for your state and	size of household from	m line 16c	\$_	87,009.00
	21.	How do the lines compare?				
		☐ Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	se ordered by the cou	ort, on the top of page 1 of this for	orm, check box 3,	The commitment
		Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	lless otherwise ordere	ed by the court, on the top of pag	ge 1 of this form, cl	heck box 4, The
Par	t 4:	Sign Below				
	Ву	igning here, under penalty of perjury I declare that	he information on this	statement and in any attachme	ents is true and cor	rect.
)	(<u>/</u> s/	Jane M Attoh				
		ne M Attoh gnature of Debtor 1				
		September 25, 2018				
		MM / DD / YYYY				
	If yo	u checked 17a, do NOT fill out or file Form 122C-2.				

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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					•			
Fill in th	is information to i	dentify your case	e:					
Debtor 1	Jane M At	ttoh						
Debtor 2 (Spouse	, if filing)							
United S	tates Bankruptcy Co	ourt for the: Eas	tern District of Virgini	ia				
Case nu (if knowr						☐ Check if t	his is an amend	ed filing
	orm 122C-2 oter 13 Calc	culation of	f Your Disp	osable Ir	ncome			04/1
	t this form, you wi ment Period (Officia		pleted copy of <i>Cha</i>	oter 13 Stateme	ent of Your Current	t Monthly Inc	ome and Calcula	tion of
space is	needed, attach a s	eparate sheet to	two married people this form, Include to number (if known).	he line number				
Part 1:	Calculate Your	Deductions from	Your Income					
the qu	uestions in lines 6-	15. To find the IR	es National and Loca S standards, go on bankruptcy clerk's	line using the l				
expen	ises if they are highe	er than the standa	s 6-15 regardless of y rds. Do not include a at you subtracted fro	ny operating exp	penses that you sub	tracted from i	ncome in lines 5 a	
If you	expenses differ fro	m month to month	, enter the average e	expense.				
Note:	Line numbers 1-4 a	re not used in this	form. These number	rs apply to inform	nation required by a	similar form	used in chapter 7 o	cases.
5. 1	The number of peo	ple used in deter	mining your deduct	tions from inco	me			
p		ny additional depe	be claimed as exempendents whom you su				3	
Natio	nal Standards	You must use	e the IRS National St	andards to ansv	ver the questions in	lines 6-7.		
			ng the number of pec food, clothing, and ot		I in line 5 and the IR	S National	\$	1,384.00
			: Using the number of the state					

the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Page 41 of 52 Jane M Attoh 18-13086 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 156.00 Copy here=> 156.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 156.00 156.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 590.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,345.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Lorton Station Community Assoc** 100.00 **Wells Fargo Home Mor** 4,185.48 Copy Repeat this amount 4,285.48 4,285.48 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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Jane M Attoh 18-13086 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 0.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment \$ Repeat this Сору amount on **Total Average Monthly Payment** \$ 0.00 -\$ here => line 33b. Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 -\$ => 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Jane M Attoh Case number (if known) 18-13086

	er Necessary Expenses	In addition to the expense of the following IRS categorie		listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, soc	ial security taxes, and Media owever, if you expect to reco om the total monthly amoun	care taxes. eive a tax r	You may incefund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes.	\$	0.00
17.	Involuntary deductions: To contributions, union dues, a		ductions tha	at your job re	quires, such as retirement		
	Do not include amounts that	\$	0.00				
18.	Life Insurance: The total n filing together, include payn Do not include premiums fo of life insurance other than	\$	0.00				
19.	Court-ordered payments: administrative agency, such Do not include payments or	\$	0.00				
20.	Education: The total month	nly amount that you pay for	education t	hat is either	required:		
	as a condition for your jo	b, or					
	for your physically or me	entally challenged dependen	nt child if no	public educ	ation is available for similar services.	\$	0.00
21.		ly amount that you pay for or any elementary or second			sitting, daycare, nursery, and preschool.	\$	0.00
22.	 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 						
	-	nce or health savings accou				\$	0.00
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						0.00
		ported on line 3 of Official I	01111 1220	·1, or any am	ount you previously deducted.	+\$	0.00
24.	Add all of the expenses a Add lines 6 through 23.				ount you previously deducted.	+ \$\$	2,130.00
	Add all of the expenses a	llowed under the IRS expe	ense allow	ances.	ne Means Test.		
Add	Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili	Illowed under the IRS expenses These are additional of Note: Do not include a ty insurance, and health s	ense allow deductions any expens avings ac	ances. allowed by the allowances	ne Means Test.	\$	
Add	Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disability insurance	Illowed under the IRS expenses These are additional of Note: Do not include a ty insurance, and health s	ense allow deductions any expens avings ac	ances. allowed by the allowances	ne Means Test. Is listed in lines 6-24.	\$	
Add	Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disability insurance, disability insurance, your dependents.	Illowed under the IRS expenses These are additional of Note: Do not include a ty insurance, and health s	deductions any expense acounts that	ances. allowed by the allowances count expendare reasonab	ne Means Test. Is listed in lines 6-24.	\$	
Add	Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disability insurar your dependents. Health insurance	Illowed under the IRS expenses These are additional of Note: Do not include a sty insurance, and health savings according to the Note of Note	deductions any expense avings acounts that	ances. allowed by the allowances count expen are reasonab	ne Means Test. Is listed in lines 6-24.	\$	
Add	Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disability insurar your dependents. Health insurance Disability insurance	Illowed under the IRS expenses These are additional of Note: Do not include a sty insurance, and health savings according to the Note of Note	deductions any expense avings accounts that a	ances. allowed by the allowances count expensare reasonab 0.00 0.00	ne Means Test. Is listed in lines 6-24.	\$	
Add	Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disability insurar your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this	Illowed under the IRS expenses These are additional of Note: Do not include a sty insurance, and health sace, and health savings according to the Note of Not	deductions any expense avings accounts that a	ances. allowed by the allowances count expensare reasonab 0.00 0.00 0.00	ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o	\$	2,130.00
Add	Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disability insurar your dependents. Health insurance Disability insurance Health savings account Total	Illowed under the IRS expenses These are additional of Note: Do not include a sty insurance, and health sace, and health savings according to the Note of Not	deductions any expense avings accounts that a	ances. allowed by the allowances count expensare reasonab 0.00 0.00 0.00	ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o	\$	2,130.00
Add	Add all of the expenses a Add lines 6 through 23. iitional Expense Deduction Health insurance, disability insurance, disability insurance dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this on No. How much do you have m	Illowed under the IRS expenses These are additional of Note: Do not include a sty insurance, and health since, and health savings according to tall amount? To the care of household of onable and necessary care of your immediate family when the same and the immediate family when the same are same and the insurance of your immediate family when the same are same and the immediate family when the same are	deductions any expense avings accounts that a summer shall be a su	ances. allowed by the ellowances count expensere reasonabe 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	2,130.00
25.	Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disability insurance, disability insurance disability insurance dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do you actually spend this continued contributions account on the pay for the reasyour household or member include contributions to an approtection against family	Illowed under the IRS expensions. These are additional of Note: Do not include a sty insurance, and health sace, and health savings according to the care of household of onable and necessary care of your immediate family what account of a qualified ABLE violence. The reasonably means and the same and the same account of a qualified ABLE violence.	deductions any expense arvings accounts that a summer or family mand support of the control of t	ances. allowed by the ellowances count expenser reasonable 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$ \$	2,130.00

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btor 1	Jane M Attoh		Case number (if kn	own)	18-13	086		
	Additional home energy costs. Your hom ine 8.	e energy costs are included in your insu	rance and opera	ting	expenses	on		
	f you believe that you have home energy on the fill in the excess amount of home er		costs included i	in ex	penses c	n line)	
	You must give your case trustee document amount claimed is reasonable and necessa		nust show that th	e ad	lditional		\$	0.00
9	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	ren who are younger than 18. The more pendent children who are younger than	nthly expenses (18 years old to a	not r	more thar d a privat	e or		
	You must give your case trustee document claimed is reasonable and necessary and r		nust explain why	the	amount			
*	Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on	or after the date	of a	djustmen	t.	\$	0.00
ł	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.							
	To find a chart showing the maximum addit nstructions for this form. This chart may als			sepa	rate			
`	You must show that the additional amount of	claimed is reasonable and necessary.					\$	0.00
	Continuing charitable contributions. The nstruments to a religious or charitable orga		ute in the form of	f cas	h or finar	cial		
[Do not include any amount more than 15%	of your gross monthly income.					\$	0.00
	Add all of the additional expense deductions. Add lines 25 through 31.						\$_	0.00
Dedu	ctions for Debt Payment							
33. F c	or debts that are secured by an interest	in property that you own, including ho	me mortgages	, veł	nicle			
lo	ans, and other secured debt, fill in lines	33a through 33e.						
	o calculate the total average monthly paym reditor in the 60 months after you file for ba		ly due to each se	ecure	ed			
	Mortgages on your home						Aver	age monthly
33a.	Copy line 9b here					=>	\$	4,285.48
	Loans on your first two vehicles						_	.,
33b.	Copy line 13b here					=>	\$	0.00
33c.							ф Ф	0.00
33 0.	Copy line 13e here					=>	Ψ	0.00
33d. Name	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt	t	incl	es payme ude taxes	3		
					No			
	Orange Lake Country CI	Time Shared Loan			Yes		\$	200.00
				_			· —	
					No		_	
					Yes		\$	
					No			
					Yes		+\$	
						Сору		
33e	Total average monthly payment. Add lines	33a through 33d	. \$	4,48	5.48	total here=		4,485.48

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Jane M Attoh Debtor 1 Case number (if known) 18-13086 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Identify property that secures the debt Name of the creditor Total cure amount Monthly cure amount **Lorton Station Community** 9042 Harrover Place Lorton, VA 22079 $1,800.00 \div 60 = $$ 30.00 **Assoc Fairfax County** 9042 Harrover Place Lorton, VA 22079 **Wells Fargo Home Mor** $36,292.37 \div 60 =$ \$ 604.87 **Fairfax County** \$ $\div 60 = +$ \$ Copy total Total 634.87 634.87 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total Average monthly administrative expense here=> 5,120.35 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 2.130.00 expense allowances Copy line 32, All of the additional expense deductions \$ 0.00 Copy line 37, All of the deductions for debt payment 5,120.35 7,250.35 7,250.35 Total deductions..... \$ Copy total here=>

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ebtor 1	Jane	M Attoh				c	Case nu	mber (<i>if known</i>)	18-13	3086	
art 2:	Dete	ermine You	r Disposable Income Under 11	U.S.C. § 132	25(b)(2)					
			rent monthly income from line Current Monthly Income and C				d.			\$	7,481.00
ch dis red	ildren. ability p ceived in	The monthloayments for accordance	ly necessary income you receil y average of any child support poor or a dependent child, reported in one with applicable nonbankrupton anded for such child.	ayments, fost Part I of Form	ter c n 12	are payments, or 2C-1, that you		\$	0.00	<u>)</u>	
em in	ployer 11 U.S.	withheld fro C. § 541(b)	etirement deductions. The mon m wages as contributions for qu (7) plus all required repayments § 362(b)(19).	alified retirem	ent	plans, as specifie		\$	0.00	<u>)</u>	
42. To	tal of a	II deductio	ns allowed under 11 U.S.C. § 7	707(b)(2)(A).	Cop	y line 38 here	=>	\$	50.35	5	
ex the	penses eir expe	and you ha	al circumstances. If special circumstances. If special circumster no reasonable alternative, demust give your case trustee a de ocumentation for the expenses.	scribe the sp	eciá	l circumstances a	and				
Descr	ibe the	special cir	cumstances			Amount of exp	pense	•			
						\$		_			
					_	\$		_			
					_	\$		_			
				Total	\$_	0.00		opy ere=> \$		0.00	
44. To	tal adjı	ustments. /	Add lines 40 through 43.			=>	\$_	7,250.35		opy ere=> - \$	7,250.35
	1	•	thly disposable income under	§ 1325(b)(2).	Sub	otract line 44 from	n line	39.		\$	230.65
ha tim yo	lange in ve chan le your o u filed y	n income on aged or are case will be cour petition	or expenses. If the income in Fovirtually certain to change after to open, fill in the information below, check 122C-1 in the first column in when the increase occurred, a	he date you fi w. For examp in, enter line 2	iled ble, i 2 in t	your bankruptcy property for the wages report the second column.	petitic rted in nn, ex	on and during the creased after	ne		
Form		Line	Reason for change			Date of chang	ge	Increase or decrease?	,	Amount of chan	ge
☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122	C-2 _ C-1 C-2 _ C-1							☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase	9	\$	
☐ 122 ☐ 122 ☐ 122	C-1							☐ Decrease☐ Increase☐ Decrease☐		\$ \$	

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Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Jane M Attoh
Jane M Attoh
Signature of Debtor 1

Date September 25, 2018
MM / DD / YYYY

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Debtor 1 Jane M Attoh Case number (if known) 18-13086

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2018 to 08/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: World Trade Center

Income by Month:

6 Months Ago:	03/2018	\$10,714.00
5 Months Ago:	04/2018	\$10,714.00
4 Months Ago:	05/2018	\$13,954.00
3 Months Ago:	06/2018	\$3,240.00
2 Months Ago:	07/2018	\$3,240.00
Last Month:	08/2018	\$3,024.00
	Average per month:	\$7,481.00

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation	
	\$245	filing fee	•
	\$75	administrative fee	
<u>+</u>	<u>\$15</u>	trustee surcharge	
	\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.